## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

**CLAIMS AS FILED - PART I** 

Application or Docket Number

10697762

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                                      |   |                  |                                     |              |                   | SMALL ENTITY TYPE   |                        | OR   | OTHER THAN OR SMALL ENTITY |                        |
|---|--------------------------------------|---|------------------|-------------------------------------|--------------|-------------------|---------------------|------------------------|------|----------------------------|------------------------|
| TOTAL CLAIMS  |                                      |   |                  | 7 6                                 |              |                   | RATE                | FEE                    | 7    | RATE                       | FEE                    |
| FOR   |                                      |   | NUMBER FILED     |                                     | NUMBER EXTRA |                   | BASIC FEI           | +                      | OR   | BASIC FEE                  | 770.00                 |
| TOTAL CHARGEABLE CLAIMS   |                                      |   | 13 minus 20=     |                                     | *            |                   | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| INDEPENDENT CLAIMS  |                                      |   | ; minus 3 =      |                                     | * ``         |                   | X43=                |                        | OR   | X86=                       | 36                     |
| MU  | ILTIPLE DEPEN                        | NDENT CLAIM P                             | RESENT           |                                     |              |                   | +145=               |                        | OR   | +290=                      | 29€                    |
| * If  | the difference                       | in column 1 is                            | less than ze     | ss than zero, enter "0" in column 2 |              |                   | TOTAL               | <u> </u>               | OR   | TOTAL                      | ોપાં                   |
| CLAIMS AS AMENDED - PART II   |                                      |   |                  |                                     |              |                   | OTHER THAN          |                        |      |                            |                        |
| (Column 1)  |                                      |   |                  | (Column 2)                          |              | (Column 3)        | SMALL               | <del></del>            | OR   | SMALL                      |                        |
| AMENDMENT A   |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | NUME<br>PREVIO<br>PAID I            | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                | *   | Minus            | **                                  |              | =                 | X\$ 9=              |                        | OR   | X\$18=                     |                        |
|   | Independent                          | *   | Minus            | ***                                 | CL AIM       | =                 | X43=                |                        | OR   | X86=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPEN |   |                  |                                     | CLATIVI      |                   | +145=               |                        | OR   | +290=                      |                        |
| · · · · · · · · · · · · · · · · · · ·   |                                      |   |                  |                                     |              |                   | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |                                      |   |                  |                                     |              |                   | 700                 |                        |      |                            |                        |
| AMENDMENT B   |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHI<br>NUME<br>PREVIO<br>PAID F   | BER<br>OUSLY | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                | *   | Minus            | **                                  |              | =                 | X\$ 9=              |                        | OR   | X\$18=                     |                        |
| AME   | Independent                          | *   | Minus            | ***                                 |              | =                 | X43=                |                        | OR   | X86=                       |                        |
|   | FIRST PHESE                          | ENTATION OF MU                            | ILTIPLE DEP      | ENDENT                              | CLAIM        |                   | +145=               |                        | OR   | +290=                      |                        |
|   |                                      |   |                  |                                     |              |                   | TOTAL<br>ADDIT. FEE |                        | OR   | TOTAL<br>ADDIT. FEE        |                        |
|   |                                      | •   |                  | •                                   |              |                   |                     |                        |      |                            |                        |
| AMENDMENT C   |                                      | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                  | HIGHE<br>NUME<br>PREVIO<br>PAID F   | BER<br>DUSLY | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |      | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total                                | *   | Minus            | **                                  |              | = .               | X\$ 9=              |                        | OR   | X\$18=                     |                        |
|   | Independent                          | *   | Minus            | ***                                 | -:           | =                 | X43=                |                        | OR   | X86=                       |                        |
| لينا  | FIRST PRESE                          | NTATION OF MU                             | JLTIPLE DEP      | TIPLE DEPENDENT                     |              |                   | .445                |                        | 1    | .000                       |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |                                      |   |                  |                                     |              |                   |                     |                        | OR   | +290=<br>TOTAL             |                        |
| ** 1  | f the "Highest Nur                   | mber Previously Pa<br>mber Previously Pa  | aid For" IN THIS | S SPACE is                          | s less thar  | n 20, enter "20." | ADDIT. FEE          |                        | OR , | ADDIT. FEE                 |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                      |   |                  |                                     |              |                   |                     |                        |      |                            |                        |